PART B - FEE(S) TRANSMITTAL

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64494 GREENBERG TRAURIG, LLP (SV) IP DOCKETING 2450 COLORADO AVENUE SHITE 400E

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SANTA MONICA, CA 90404			Patricia Caldwe	(Depositor's name)		
SANTA WONICA, CA 90404			/Patricia Caldw	ell/	(Signature)	
			July 28, 2009		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/578.411	05/05/2006	Andrew Thomas	Busev	104128-213201/US	2401	

10/578.411 TITLE OF INVENTION:

METHOD, SYSTEM, AND COMPUTER PROGRAM PRODUCT FOR SAVING A SEARCH RESULT WITHIN A GLOBAL COMPUTER NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FI	ΞE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	i	\$300	\$1055	07/30/2009
EXAM	IINER	ART UN	IT	CLASS-SUBCLASS		
TRAN, F	PHILIP B	2455	5	709-220000		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). L'Change of correspondence address (or Change of Correspondence Address form PTO SBI 222) attached: L'Fee Address' indication (or Fee Address' Indication form PTO SBI 27; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, li mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named depatent attorneys or agents. If name will be printed.	a member a 2	erg Traurig, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Demand Media, Inc. Santa Monica, CA

Please check the appropriate assignee category or categories (will not be	e printed on the patent):	☐ Individual	\square Corporation or other private group entity	Government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
☑ Issue Fee	A check in the an	nount of the fee(s	s) is enclosed.	
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☐ Advance Order - # of Copies	The Director is h Deposit Account Nur	ereby authorized	d by charge the required fee(s), or credit an 0-2638 (enclose an extra copy of the	y overpayment, to is form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /John P. Ward/	Date	
Typed or printed name John P. Ward	Registration No. 40.216	

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